

Note: This is a sample
template. It is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1**Carrier Identification Information**

Parent Company Name

Carnegie Telephone Co., Inc.

Service Provider Name

Carnegie Telephone Co., Inc.

Company Address, City, State, Zip

25 S. Colorado St.

P. O. Box 96

Carnegie, OK 73015-0096

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Lyn Johnson

Contact Tel #

580-654-1002

Fax #

580-654-2699

E-mail Address

ljohnson@carnegienet.net

Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Washita County, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Carnegie, Oklahoma Police Department

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

All work is complete in routing 911 calls the identified response point.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

All work is complete.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

None.

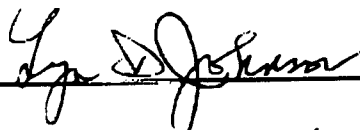
Section 4

Certification - To be signed by an authorized representative of the reporting entity

☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 03/05/02.

Signature



Printed name of authorized representative

Lyn D. Johnson

Title

President

Date

March 5, 2002

This filing is:

original filing

revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.